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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 791
Registrar's No. 298

1. Place of Death: (a) County Cochise (b) City or Town Bowie (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 16 yrs; In Arizona 16 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Bowie
(If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (Yes or No) no
3. (a) FULL NAME Richard Edward Reasoner (b) If Veteran name war _____ (c) Social Security No. 526-14-2009

4. Sex male 5. Race White ☐ Indian ☐ Negro ☐ ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Dec. 29 1899
(Month) (Day) (Year)
8. AGE Years 48 Months 1 Days 29 If less than one day hrs. min.

9. Birthplace Cherokwe Kansas
(City, town or county) (State or Country)

10. Usual Occupation Labor

11. Industry or Business _____

12. Name Isacas Reasoner
13. Birthplace Iowa
(City, town or county) (State or Country)

14. Maiden Name Jeannett Lee
15. Birthplace Ill.
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. L. Wallace
(b) Address Okla. City Okla.

17. (a) Burial, Cremation or Removal Burial
(b) Place Bowie (c) Date 2/24/48

18. (a) Embalmer's Signature Thos A. Kelly
(b) Funeral Director Reilly & Rottman
(c) Address Willcox Ariz.

19. (a) February 24, 1948
(Date received Local Registrar)
(b) Andrew J. ...
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 21 1948
TIME (Hour and minute) approximately 3:00 p.m.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in bed around 9:15 am. No evidence of "external causes" of death.

Due to _____

Other conditions (Include pregnancy within three months of death)

Major findings: None

Of operations _____

Of autopsy None

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or Town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature C. H. ... CRONER
Address ... Date signed 2-21-48

Deputy County Health Officer